

IN DISTRICT COURT, _____ COUNTY, NORTH DAKOTA

_____,
Plaintiff,

vs.

_____,
Defendant.

MOTION, BRIEF, AND NOTICE
OF MOTION FOR REVIEW AND
AMENDMENT OF CHILD SUPPORT

Civil No. _____

To:

First _____ Middle _____ Last _____

Street Address _____

City _____ State _____ Zip Code _____

PLEASE TAKE NOTICE that on _____, 20____, at _____ o'clock ____m. in Courtroom
_____ in the County Courthouse in _____, North Dakota, I will ask the Court for the following:

MOTION

A motion to review and amend the child support order dated _____ (date of existing order) is
made by the obligor/obligee (circle the correct party) for the following reasons (check all that apply):

<u>Person Paying (Obligor)</u>		<u>Person Receiving (Obligee)</u>	
<input type="checkbox"/>	Loss of income that is not temporary	<input type="checkbox"/>	Increase of obligor's income
<input type="checkbox"/>	Loss of Health Insurance Benefits	<input type="checkbox"/>	Increased needs of child
<input type="checkbox"/>	Change in income based on hardship caused by circumstances beyond my control	<input type="checkbox"/>	Health Insurance available to obligor for benefit of child
<input type="checkbox"/>	Health insurance available to obligee at no or nominal cost	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	

This motion seeks an amendment of the child support order to the amount per month indicated below, or the amount as the Court finds under the North Dakota Child Support Guidelines. I affirm that (check the box that applies):

_____ **I am the obligor and am not self-employed, have attached a completed Financial Affidavit and required tax returns to this motion, have completed the necessary calculations to determine the amount of child Support, and the amount of child support is \$_____.**

_____ **I am a self-employed obligor and have attached a completed Financial Affidavit with the required tax returns to this motion, have completed the necessary calculations to determine the amount of child support, and the amount of child support is \$_____.**

_____ **I am the obligee, have served the Financial Affidavit on the obligor and requested its completion, and will submit a calculation of the amount of child support within 24 hours of the hearing if a completed Financial Affidavit is received from the obligor.**

BRIEF IN SUPPORT OF MOTION

A review of child support is allowed by N.D.C.C. 14-09-08.4. The child support previously ordered may be reviewed whenever there is a change in circumstances, or after one year from the date of the last child support order, even without showing a change in circumstances.

CERTIFICATION

I (the moving party), in filing this motion, certify that the information provided in support of the motion is true and correct to the best of my knowledge, that there is good cause for making this motion for review and to amend child support, and that the motion is made in good faith and not as an attempt to harass the other party.

Dated this _____ day of _____, 20_____.

My Signature

Street Address

City/State/Zip

NOTICE TO OTHER PARTY

- ***** You have the right to object or respond to this motion. If you wish to object or respond to the motion, you must serve upon the other party, and file with the clerk of court, a response to this motion. A form titled Response to Motion for Review and Amendment of Child Support is available from the clerk of court or from the Supreme Court's website at www.ndcourts.gov.
- ***** Your response must be in the mail and filed with the Clerk of Court within 13 days of the date of this Motion. The Court may, in its discretion, disregard any response served or filed with the Court after that date.
- ***** If you are the obligor, you must complete and return the Financial Affidavit accompanying this motion within 10 days after receiving it from the obligee.